

STATE OF WASHINGTON

DEPARTMENT OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT

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Growth Management Services Columbia River Gorge Grants

Grant Application Instructions

(Please be sure to complete all sections)

Applying Jurisdiction	Please state the name of the local government that CTED will be contracting with.
Project Manager	Please complete this information for the person who will be CTED's main point of contact for the local government and CTED. This information allows us to stay in contact with you to provide assistance in your completion of the grant. Please indicate if you would like to receive grant information by email.
Financial Contact	Please complete this information for the person who will be responsible for receiving and accounting for the grant funds. We need this information so our accounting department can talk with the appropriate person in ensuring that payments on the grant are being received.
Federal Tax Identification Number	This is the identification number that the federal government has assigned to the local government. This is needed to allow for appropriate reporting by CTED to the federal government.
Statewide Vendor (SWV) Number	This is an optional line. If your local government has this number for receiving electronic fund transfers, please include it here. This will assist us in getting your grant award to you faster. Information on obtaining an SWV number is available at: http://www.ofm.wa.gov/accounting/vendors.htm

Short Description of	Please insert a brief (50 words or less) description of what the local government intends to accomplish with this grant. This
Grant	should be specific without being detailed. An example is: To update the land use element of the comprehensive plan.

Statement of Work

The statement of work should be organized into three main elements:

- 1) Goals (the end objective of the grant project),
- 2) Actions (the major steps along the way to reach this goal), and
- 3) **Deliverables** (tangible products that demonstrate that an action was completed or a goal was reached).

On the application form the statement of work is arranged in four columns. The Goal/Action/Deliverable column is reserved for the element name (goal, action, or deliverable). The second column is for the description of the element. The third and fourth columns are for estimated start and end dates for each action. Goals do not need dates. Actions need an **estimated** start date and an **estimated** end date. If only a month and year are given, we will assume that the estimated start date is the first day of the first month and the estimated end date is the last day of the last month. Deliverables will need a definitive delivery date in the End Date column.

Here is an **example** of what the statement of work section should look like for one element of a comprehensive plan update. Your statement of work may include several elements.

Sample Statement of Work

Goal/	Description	Start	End
Action/		Date	Date
Deliverable			
Goal	To process Type II applications within the		
	78-day timeframe		
Action	Staff receive, review and process Type II	July 1, 2003	June 30,
	applications		2003
Deliverable	Final Decisions on Type II applications		October 15,
	processed from July 2003, through		2003
	September 2003.		
Deliverable	Final Decisions on Type II applications		January 15,
	processed from October 2003, through		2003
	December 2003.		

Deliverable	Final Decisions on Type II applications	April 15,
	processed from January 2004, through	2003
	March 2004.	
Deliverable	Final Decisions on Type II applications	June 15,
	processed from April 2004, through May	2003
	2004.	
Goal		

Please note: This **example** is for illustrative purposes only. Please include your county's schedule in developing your statement of work.

You are not limited to the number of lines that are included in the application. To insert an additional line, highlight the last row, hold the ALT key down, and type AIA.

Budget

Please complete the expenses portion of the budget table to reflect your expected expenses in each of the categories for each of the time periods. Include only the expenses that will be directly related to completing the items included in the statement of work. Below is a description of each of the categories. This description includes the relevant lines from the BARS manual used by your local government finance department in your city or county budget. The BARS manual information is included to assist you in categorizing grant costs.

- Salaries and Benefits: These are your costs to pay for your staff time on this grant. They relate to Objects 10 and 20 in the BARS Manual.
- Goods and Supplies: This is the estimated cost of the office supplies that will be needed to complete this grant. This relates to Object 30 in the BARS Manual.
- **Professional Services**: This line is for the cost of any work that you are using private consultants to complete. This relates to Subobject 41 in the BARS Manual.
- Other Goods and Services: This is for the estimated costs of such items as printing, advertising, training, and travel. This relates to Object 40 (less Subobject 41) in the BARS Manual

Please complete the revenue portion of the budget table to reflect how the work outlined in the statement of work will be paid for. For the CTED grant funds line, please insert the amounts provided in the cover letter accompanying this packet. The balance needs to be provided by the local government. The total revenue dedicated to the completion of this grant needs to match the total expenditures necessary to complete the work.